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JUL 2 9 2004 **ΓΕΙ**ΔΙ

## Facsimile Transmittal

DATE:

July 29, 2004

TO:

**USPTO Examiner Xingin Sun** 

Group Art Unit No. 2863

Attorney Docket No. 030076

FAX:

703-872-9306

FROM:

Donald C. Kordich

PHONE:

(858) 658-5928

FAX

(858) 845-8502

Number of Pages including this cover sheet:

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Patent and Trademark Office PATENT

#### AMENDMENT TRANSMITTAL FORM

Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450 Customer No.: 023696 Attorney Docket No.: 030076 In Re Application of: Peter Gaal Serial Number: 10/624,367 Filed: July 21, 2003 Examiner: Xiuqin Sun

Group Art Unit: 2863

Dear Sir:

Transmitted herewith for filing is a Response to Office Action in the above identified application.

Multiple Dependent Claim(s): Yes No \$280 \$  One Month \$110 \$  EXTENSION FEES Two Months \$420 \$  Three Months \$950 \$  TERMINAL DISCLAIMER \$110 \$  Three Months \$950 \$  TERMINAL DISCLAIMER \$110 \$  TOTAL FEE \$258.00  Fee check in the amount of \$ is enclosed to pay for any claim and/or extension fees.  Please charge Deposit Account No. 17-0026 of QUALCOMM Incorporated the amount of \$258.00.  The Commissioner is hereby authorized to charge payment of any additional fees which may be required, or credit any overpayment to said Deposit Account No. 17-0026. A duplicate of this sheet is enclosed for fee processing.  The Commissioner is further hereby authorized to charge to said Deposit Account No. 17-0026, pursuant to 37 CFR 1.25(b), any fee whatsoever which may become properly due or payable, as set forth in 37 CFR 16 to 37 CFR 1.18 inclusive, for the entire pendency of this application without specific additional authorization.  ate: July 29, 2004  Signature: Donald C. Kordich, Reg. No. 38,213  UALCOMM Incorporated (858) 658-5928  The Commissioner is further hereby authorized to this application without specific additional authorization.  The Commissioner is further hereby authorized to charge to said Deposit Account No. 17-0026, pursuant to 37 CFR 1.25(b), any fee whatsoever which may become properly due or payable, as set forth in 37 CFR 16  To 37 CFR 1.18 inclusive, for the entire pendency of this application without specific additional authorization.  The Commissioner is further hereby authorized to charge to said Deposit Account No. 17-0026, pursuant to 37 CFR 1.65(b), any fee whatsoever which may become properly due or payable, as set forth in 37 CFR 16  The Commissioner is further hereby authorized to charge to said Deposit Account No. 17-0026, pursuant to 37 CFR 1.25(b), any fee whatsoever which may become properly due or payable, as set forth in 37 CFR 16  The Commissioner is further hereby authorized to charge to said Deposit Account No. 17-0026, pursuant to 37 CFR 1.85(b), any fee whatsoever which may	Independent** 11 8 3 x \$86 = \$258.00  Multiple Dependent Claim(s):	CLAIMS	(a) Number Remaining After Amendment	(b) Highest Number Previously Paid For	(c) Extra Claims	Large Entity Fee	Fee Paid
Multiple Dependent Claim(s):	Multiple Dependent Claim(a):	Total*	28	35	0	x \$18 =	\$
EXTENSION FEES  One Month  \$110  \$  Two Months  \$420  \$  Three Months  \$950  \$  TERMINAL DISCLAIMER  Three Months  \$110  \$  Three Months  \$110  \$  Total FEE  \$258.00  Total FEE  \$258.00  The column a is less than 20, enter 0 in column c.  "If the number in column a is less than 3, enter 0 in column c.  Total FEE  \$258.00  The Commissioner is lereby authorized to pay for any claim and/or extension fees.  Please charge Deposit Account No. 17-0026 of QUALCOMM Incorporated the amount of \$258.00.  The Commissioner is hereby authorized to charge payment of any additional fees which may be required, or credit any overpayment to said Deposit Account No. 17-0026. A duplicate of this sheet is enclosed for fee processing.  The Commissioner is further hereby authorized to charge to said Deposit Account No. 17-0026, pursuant to 37 CFR 1.25(b), any fee whatsoever which may become properly due or payable, as set forth in 37 CFR 16 to 37 CFR 1.18 inclusive, for the entire pendency of this application without specific additional authorization.  Dete: July 29, 2004  Signature:  Donald C. Kordich, Reg. No. 38,213  (858) 658-5928	EXTENSION FEES    Two Months   \$420   \$     Two Months   \$420   \$     Three Months   \$950   \$     Three Months   \$110   \$     Three Months   \$100   \$     Three Months   \$950   \$     Three Months   \$100   \$     Three Months   \$	Independent**	11	8	3	x \$86=	\$258.00
EXTENSION FEES  Two Months \$420 \$ Three Months \$950 \$  TERMINAL DISCLAIMER \$110 \$  Terminal Discription of the number in column a is less than 20, enter 0 in column c.  "If the number in column a is less than 3, enter 0 in column c.  "If the number in column a is less than 3, enter 0 in column c.  "If the number in column a is less than 3, enter 0 in column c.  "If the number in column a is less than 3, enter 0 in column c.  TOTAL FEE \$258.00  The Commissioner is hereby authorized to charge payment of any additional fees which may be required, or credit any overpayment to said Deposit Account No. 17-0026. A duplicate of this sheet is enclosed for fee processing.  The Commissioner is further hereby authorized to charge to said Deposit Account No. 17-0026, pursuant to 37 CFR 1.25(b), any fee whatsoever which may become properly due or payable, as set forth in 37 CFR 1.6 to 37 CFR 1.18 inclusive, for the entire pendency of this application without specific additional authorization.  Date: July 29, 2004  Signature:  Donald C. Kordich, Reg. No. 38,713  (858) 658-5928  Attn: Patent Department  Total FEE  Total	EXTENSION FEES  Two Months \$420 \$ Three Months \$950 \$  TERMINAL DISCLAIMER \$110 \$  Three Months \$110 \$  Total FEE \$258.00  **If the number in column a is less than 20, enter 0 in column c. **If the number in column a is less than 3, enter 0 in column c. **If the number in column a is less than 3, enter 0 in column c.  **If the number in column a is less than 3, enter 0 in column c.  **If the number in column a is less than 3, enter 0 in column c.  **If the number in column a is less than 3, enter 0 in column c.  **If the number in column a is less than 20, enter 0 in column c.  **If the number in column a is less than 20, enter 0 in column c.  **If the number in column a is less than 20, enter 0 in column c.  **If the number in column a is less than 20, enter 0 in column c.  **If the number in column a is less than 20, enter 0 in column c.  **If the number in column a is less than 20, enter 0 in column c.  **If the number in column a is less than 20, enter 0 in column c.  **If the number in column a is less than 20, enter 0 in column c.  **If the number in column a is less than 20, enter 0 in column c.  **If the number in column a is less than 20, enter 0 in column c.  **If the number in column a is less than 20, enter 0 in column c.  **If the number in column a is less than 20, enter 0 in column c.  **If the number in column a is less than 20, enter 0 in column c.  **If the number in column a is less than 20, enter 0 in column c.  **If the number in column a is less than 20, enter 0 in column c.  **If the number in column a is less than 20, enter 0 in column a is less than 20, enter 0 in column a is less than 20, enter 0 in column a is less than 20, enter 0 in column a is less than 20, enter 0 in column a is less than 20, enter 0 in column a is less than 20, enter 0 in column a is less than 20, enter 0 in column a is less than 20, enter 0 in column a is less than 20, enter 0 in column a is less than 20, enter 0 in column a is less than 20, enter 0 in column a is less than 20, enter 0 in column a is less than 2	Multiple Depen	dent Claim(s):	Yes 🖾 No		\$280	\$
Three Months \$950 \$  TERMINAL DISCLAIMER \$110 \$  *If the number in column a is less than 20, enter 0 in column c.  **If the number in column a is less than 3, enter 0 in column c.  **If the number in column a is less than 3, enter 0 in column c.  **If the number in column a is less than 3, enter 0 in column c.  TOTAL FEE \$258.00  Total FEE \$258.00  **If the number in column a is less than 3, enter 0 in column c.  TOTAL FEE \$258.00  The Commissioner is hereby authorized to charge payment of any additional fees which may be required, or credit any overpayment to said Deposit Account No. 17-0026. A duplicate of this sheet is enclosed for fee processing.  The Commissioner is further hereby authorized to charge to said Deposit Account No. 17-0026, pursuant to 37 CFR 1.25(b), any fee whatsoever which may become properly due or payable, as set forth in 37 CFR 1.6 to 37 CFR 1.18 inclusive, for the entire pendency of this application without specific additional authorization.  Determined (858) 658-5928  **IDUALCOMM Incorporated (858) 658-5928  **IDUALCOMM Incorporated (858) 658-5787	TERMINAL DISCLAIMER  *If the number in column a is less than 20, enter 0 in column c.  *If the number in column a is less than 3, enter 0 in column c.  *If the number in column a is less than 3, enter 0 in column c.  *If the number in column a is less than 3, enter 0 in column c.  *If the number in column a is less than 3, enter 0 in column c.  *If the number in column a is less than 3, enter 0 in column c.  *If the number in column a is less than 3, enter 0 in column c.  *If the number in column a is less than 3, enter 0 in column c.  *If the commissioner is hereby authorized to charge a payment of any additional fees which may be required, or credit any overpayment to said Deposit Account No. 17-0026. A duplicate of this sheet is enclosed for fee processing.  *If the Commissioner is further hereby authorized to charge to said Deposit Account No. 17-0026, pursuant to 37 CFR 1.26b, any fee whatsoever which may be come properly due or payable, as set forth in 37 CFR 1.6 to 37 CFR 1.18 inclusive, for the entire pendency of this application without specific additional authorization.  *Date: July 29, 2004  **CERTIFICATE OF MAILING/TRANSMISSION (37 CFR 1.8(a))*  **Hereby certify that this correspondence is, on the date shown below, being:  **MAILING**  **HEREBY SETS OF TABLES OF T	-			ne Month	\$110	\$
TERMINAL DISCLAIMER  \$110  \$ "If the number in column a is less than 20, enter 0 in column c.  **If the number in column a is less than 3, enter 0 in column c.  **If the number in column a is less than 3, enter 0 in column c.  TOTAL FEE  \$258.00  TOTAL FEE  \$258.00  Total FEE  \$258.00  The check in the amount of \$ is enclosed to pay for any claim and/or extension fees.  Please charge Deposit Account No. 17-0026 of QUALCOMM Incorporated the amount of \$258.00.  The Commissioner is hereby authorized to charge payment of any additional fees which may be required, or credit any overpayment to said Deposit Account No. 17-0026. A duplicate of this sheet is enclosed for fee processing.  The Commissioner is further hereby authorized to charge to said Deposit Account No. 17-0026, pursuant to 37 CFR 1.25(b), any fee whatsoever which may become properly due or payable, as set forth in 37 CFR 1.6 to 37 CFR 1.18 inclusive, for the entire pendency of this application without specific additional authorization.  Oute: July 29, 2004  Signature:  Donald C. Kordich, Reg. No. 38,213  (858) 658-5928  UALCOMM Incorporated  (858) 658-5928  OUALCOMM Incorporated  (858) 658-5928  OUALCOMM Incorporated  (858) 658-5928	TERMINAL DISCLAIMER  *If the number in column a is less than 20, enter 0 in column c.  *If the number in column a is less than 3, enter 0 in column c.  *If the number in column a is less than 3, enter 0 in column c.  *If the number in column a is less than 3, enter 0 in column c.  *If the number in column a is less than 3, enter 0 in column c.  *If the number in column a is less than 3, enter 0 in column c.  *If the number in column a is less than 3, enter 0 in column c.  *If the number in column a is less than 3, enter 0 in column c.  *If the number in column a is less than 3, enter 0 in column c.  *If the number in column a is less than 3, enter 0 in column c.  *If the number in column a is less than 3, enter 0 in column c.  *If the number in column a is less than 3, enter 0 in column c.  *If the number in column a is less than 3, enter 0 in column c.  *If the number in column a is less than 3, enter 0 in column c.  *If the number in column a is less than 3, enter 0 in column c.  *If the number in column a is less than 3, enter 0 in column c.  *If the number in column a is less than 3, enter 0 in column c.  *If the number in column a is less than 3, enter 0 in column c.  *If the number in column a is less than 3, enter 0 in column and/or extension fees.  *If the number in column and/or extension fees.  *If the conumission fees.  *If the	EX	TENSION FEES	ΠT	wo Months	\$420	\$
*If the number in column a is less than 20, enter 0 in column c.  *If the number in column a is less than 3, enter 0 in column c.  *TOTAL FEE \$258.00  *TOTAL FEE \$258.00  Total FEE \$258.00  The Commissioner is hereby authorized to charge payment of any additional fees which may be required, or credit any overpayment to said Deposit Account No. 17-0026. A duplicate of this sheet is enclosed for fee processing.  The Commissioner is further hereby authorized to charge to said Deposit Account No. 17-0026, pursuant to 37 CFR 1.25(b), any fee whatsoever which may become properly due or payable, as set forth in 37 CFR 1.6 to 37 CFR 1.18 inclusive, for the entire pendency of this application without specific additional authorization.  Donald C. Kordich, Reg. No. 38,713  QUALCOMM Incorporated  (858) 658-5928  Total FEE \$258.00  Total FEE \$258.00	wif the number in column a is less than 20, enter 0 in column c.  Self the number in column a is less than 3, enter 0 in column c.  TOTAL FEE \$258.00  Total FEE \$258.00  Pee check in the amount of \$ is enclosed to pay for any claim and/or extension fees.  Please charge Deposit Account No. 17-0026 of QUALCOMM Incorporated the amount of \$258.00.  The Commissioner is hereby authorized to charge payment of any additional fees which may be required, or credit any overpayment to said Deposit Account No. 17-0026. A duplicate of this sheet is enclosed for fee processing.  The Commissioner is further hereby authorized to charge to said Deposit Account No. 17-0026, pursuant to 37 CFR 1.25(b), any fee whatsoever which may become properly due or payable, as set forth in 37 CFR 1.6 to 37 CFR 1.18 inclusive, for the entire pendency of this application without specific additional authorization.  Date: July 29, 2004  Signature:  Donald C. Kordich, Reg. No. 38,213  QUALCOMM Incorporated  (858) 658-5928  CERTIFICATE OF MAILING/TRANSMISSION (37 CFR 1.8(a))  hereby certify that this correspondence is, on the date shown below, being:  MAILING  Geposited with the United States Postal Service with sufficient postage as first class mail, in an envelope addressed to the Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.  Depositor's Name:  (1000 A 200			ПΤ	hree Months	\$950	\$
**If the number in column a is less than 3, enter 0 in column c.    TOTAL FEB   \$258.00	**If the number in column a is less than 3, enter 0 in column c.    Fee check in the amount of \$		TERMINAL I	DISCLAIMER		\$110	\$
Fee check in the amount of \$ is enclosed to pay for any claim and/or extension fees.  Please charge Deposit Account No. 17-0026 of QUALCOMM Incorporated the amount of \$258.00.  The Commissioner is hereby authorized to charge payment of any additional fees which may be required, or credit any overpayment to said Deposit Account No. 17-0026. A duplicate of this sheet is enclosed for fee processing.  The Commissioner is further hereby authorized to charge to said Deposit Account No. 17-0026, pursuant to 37 CFR 1.25(b), any fee whatsoever which may become properly due or payable, as set forth in 37 CFR 1.6 to 37 CFR 1.18 inclusive, for the entire pendency of this application without specific additional authorization.  Date: July 29, 2004  Signature: Donald C. Kordich, Reg. No. 38,213  QUALCOMM Incorporated  (858) 658-5928  Attn: Patent Department  1775 Morehouse Drive  San Diego, California 92121-1714  Telephone: (858) 658-5787	Fee check in the amount of \$ is enclosed to pay for any claim and/or extension fees.   Please charge Deposit Account No. 17-0026 of QUALCOMM Incorporated the amount of \$258.00.   The Commissioner is hereby authorized to charge payment of any additional fees which may be required, or credit any overpayment to said Deposit Account No. 17-0026. A duplicate of this sheet is enclosed for fee processing.   The Commissioner is further hereby authorized to charge to said Deposit Account No. 17-0026, pursuant to 37 CFR 1.25(b), any fee whatsoever which may become properly due or payable, as set forth in 37 CFR 1.6 to 37 CFR 1.18 inclusive, for the entire pendency of this application without specific additional authorization.   Date: July 29, 2004	*If the number in co	lumm a is less than 20, column a is less than 3. c	nter 0 in column c. nter 0 in column c.		TOTAL FEE	\$258.00
SICKUTUR" (A3X103X4/3H/	CERTIFICATE OF MAILING/TRANSMISSION (37 CFR 1.8(a))  hereby certify that this correspondence is, on the date shown below, being:  MAILING  Geposited with the United States Postal Service with sufficient postage as first class mail, in an envelope addressed to the Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.  Depositor's Name:  With a continuous print forme.	to 37 CFR to 37 CFR	ment to said Depos ssioner is further he 1.25(b), any fee wh 1.18 inclusive, for t	it Account No. 17- reby authorized to atsoever which ma	0026. A duplicate charge to said De by become properly of this application.	e of this sheet is enclosed to eposit Account No. 17-002 by due or payable, as set for	for fee processing. 26, pursuant orth in 37 CFR 126
	deposited with the United States Postal Service with sufficient postage as first class mail, in an envelope addressed to the Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.  Depositor's Name:  (Vancous Positive Parent)	to 37 CFR to 37 CFR to 37 CFR late: July 29, 2 QUALCOMM In. ttn: Patent Depi 775 Morehouse an Diego, Califo elephone: acsimile:	ment to said Deposissioner is further he 1.25(b), any fee wh 1.18 inclusive, for the corporated artment Drive mia 92121-1714 (858) 658-5787 (858) 658-2502	it Account No. 17- treby authorized to atsoever which may the entire pendency	0026. A duplicate charge to said Depty become properly of this application.  Signature:	e of this sheet is enclosed aposit Account No. 17-002 by due or payable, as set from without specific addition Donald C. Kordich, Reg. 1 (858) 658-5928	for fee processing. 6, pursuant orth in 37 CFR 1/6 hal authorization.
N. d	Depositor's Name: (type or print name)	to 37 CFR to 37 CFR to 37 CFR late: July 29, 2 QUALCOMM In. ttn: Patent Depi 775 Morehouse an Diego, Califo elephone: acsimile:	ment to said Deposissioner is further he 1.25(b), any fee wh 1.18 inclusive, for the corporated extract the private mia 92121-1714 (858) 658-2502  CERTIFICAT This corresponder this corresponder	it Account No. 17- treby authorized to atsoever which may the entire pendency	0026. A duplicate charge to said Depty become properly of this application.  Signature:	e of this sheet is enclosed aposit Account No. 17-002 by due or payable, as set for without specific addition. Donald C. Kordich, Reg. 1 (858) 658-5928	for fee processing. 6, pursuant orth in 37 CFR 1/6 hal authorization.
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030076

#### **PATENT**

# IN THE UNITED STATES PATENT AND TRADEMARK OFFICE OFFICE

In Re Application of:

Peter Gaal

Serial No.: 10/624,367

Filed:

July 21, 2003

For: MULTIPLE MEASUREMENTS PER

POSITION FIX IMPROVEMENTS

Group Art Unit: 2863

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JUL 2 9 2004

### **RESPONSE TO OFFICE ACTION**

Commissioner of Patents Alexandria, VA 22313

Attention:

Xiuqin Sun

Examiner

Dear Sir:

In response to the Office Action dated May 5, 2004, please consider the following remarks in conjunction with the above-identified application:

certify that this correspondence is being sent via to the Commissioner of Patents and Trademarks, ton, D.C. 20231, on:

July 20, 2004

(Date of Deposit)

Victoria J. Pacey

(Name of Person Making Deposit)

(Signatura)